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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
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SERIAL NO. _____
FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DER.	IND.	DER.			
1	/	/			51	/	/
2	/	/			52	/	/
3	/	/			53	/	/
4	/	/			54	/	/
5	/	/			55	/	/
6	/	/			56	/	/
7	/	/			57	/	/
8	/	/			58	/	/
9	/	/			59	/	/
10	/	/			60		
11	/	/			61		
12	/	/			62		
13	/	/			63		
14	/	/			64		
15	/	/			65		
16	/	/			66		
17	/	/			67		
18	/	/			68		
19	/	/			69		
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31	/	/			81		
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37	/	/			87		
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41	/	/			91		
42	/	/			92		
43	/	/			93		
44	/	/			94		
45	/	/			95		
46	/	/			96		
47	/	/			97		
48	/	/			98		
49	/	/			99		
50	/	/			100		
TOTAL IND.					TOTAL IND.		
TOTAL DER.					TOTAL DER.		
TOTAL CLAIMS					TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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